

## **Frank Wadleigh and Charles Immler Memorial Fund**

Polio Epic, Inc., Arizona's Post-Polio Support Group, is accepting applications from its membership who are encountering the effects of Post-Polio syndrome.

This program is made possible by bequests from long-time members, Frank Wadleigh and Charles Immler.

To Apply, Polio Epic Members:

- ❖ Must live in Arizona and be a member of Polio Epic for a minimum of one year. (exceptions to be determined by the Board of Directors)
- ❖ Request funding for services that improve your health and/or safety, (such as walking aids, automotive or wheelchair accessories, tub or shower equipment, etc.) or for health services by a qualified healthcare provider (such as diagnostic testing related to Post-Polio syndrome.
- ❖ Documentation is required when applying, such as a receipt, prescription, invoice, doctor's orders, etc.
- ❖ Must submit completed application to:

Polio Epic, Inc.  
Wadleigh/Immler Grants  
Post Office Box 17556  
Tucson, Arizona 85731  
OR  
Email: [Contact@polioepic.org](mailto:Contact@polioepic.org)

**Maximum funding per member, not to exceed \$1,500 (lifetime limit)**

Applications are reviewed and approved by the Board of Directors. Applicants will be notified of the approval/denial after the board meetings. Board Meetings are held the 1<sup>st</sup> Thursday of each month, with the exception of July.

*REVISED: January 2020*



# POLIO EPIC, Inc.

*Serving Arizona Polio Survivors since 1985*

P.O. Box 17556

Tucson, Arizona

85731-7556

[contact@polioepic.org](mailto:contact@polioepic.org)

[www.polioepic.org](http://www.polioepic.org)

## Frank Wadleigh and Charles Immler Memorial Fund Application Request for financial assistance.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Reason for Request:

- a. Attach supporting documentation for need of durable goods, (such as walking aids, automotive or wheelchair accessories, tub or shower equipment). Or for health services by a qualified healthcare provider, (such as diagnostic testing related to Post-Polio syndrome).

2. Total Cost of Request \$ \_\_\_\_\_

- a. My contribution will be \$ \_\_\_\_\_
- b. I need \$ \_\_\_\_\_ from Polio Epic (*Maximum \$1,500 Lifetime limit*)
- c. Preferred method of payment : \_\_\_\_\_  
(if mail, give address, if electronic, please provide preferred method)

3. I will benefit from the Frank Wadleigh/Charles Immler Fund for this reason:

\_\_\_\_\_

\_\_\_\_\_

4. I would be willing to share the benefits of my grant with other Polio Epic members if appropriate.

Yes

No

*Use Back of Page if more room is necessary*

*Revised January 2020*